Powers Ferry Animal Hospital
5565 New Northside Drive Northwest
Atlanta, Georgia, 30339
Ph: (770) 955-1291
Email: pfah5565@gmail.com

Date:09-09-2024

Dental Cleaning Drop-Off and Pre-Anesthetic Lab Consent From

Date:
Owner:
Spouse:
Street:
City:
Zipcode:

Patient Name:
Breed:
Sex:
Age:
Color:
Cell:

Your pet is scheduled for a surgical procedure today. In order for us to provide exceptional care, it is very important that the doctor be able to reach you during the day, especially if there are questions concerning the surgical procedure(s). By providing the number(s) below, you are ensuring that you can be reached to allow the best possible care.

Primary Contact: _____ Phone#:_____

Secondary Contact (optional): _____ Phone#: _____

Will someone else be picking your pet(s) up? If so, please specify: _____

Do you give PFAH permission to share photos of your pet on social media? ☐Yes ☐No

Was given food or water today? Yes☐ No☐

Was given any medications today: Yes☐ No☐

If yes, please list medications:

_____
_____
_____
_____
_____
_____

Patient History
Has your pet experienced any vomiting or diarrhea in the last 72 hours?*
○Yes○No
Has your pet experienced any adverse reactions to medications or anesthesia in the past?*
○Yes○No
Does your pet have any known drug sensitivities?*
○Yes○No

Powers Ferry Animal Hospital
5565 New Northside Drive Northwest
Atlanta, Georgia, 30339
Ph: (770) 955-1291
Email: pfah5565@gmail.com

Date:09-09-2024

Anesthesia/Sedation/Procedure Release

I have been advised of the risks associated with this procedure and anesthesia. I understand that there are anesthetic risks even in apparently healthy animals and have discussed my concerns with the veterinarian. I understand that it may be necessary to provide unanticipated medical and/or surgical procedures for the safety and care of my pet. I hereby consent to and authorize the performance of such procedures as deemed necessary by the veterinarian. I accept responsibility for any additional charges.

☐Yes, I agree with the above statement. Initials____
☐No, I have additional questions. Initials_____
☐Yes my additional questions were answered and I agree with the above statement. Initials_____

I understand that if my pet is staying overnight, no staff will be attending to my pet between 7:00pm and 6:30am. Under certain circumstances the veterinarian may recommend that your pet be transferred to a 24 hour hospital for overnight observation
Initials____

I verify that I am the owner (or Authorized agent for the owner) of the above named pet and authorize the procedure(s) to be performed. I authorize the use of anesthesia and other medication as deemed necessary by the veterinarian and understand that hospital personnel will be employed in the procedure(s) as directed by the veterinarian.
Initials___

Should my pet experience a medical emergency such as cardiac arrest during or recovering from the procedure requiring CPR (cardiopulmonary resuscitation), I hereby give permission for Powers Ferry Animal Hospital to provide CPR. I understand I am reponsible for the cost associated with this procedure.
○Yes○No

Like you, our greatest concern is the well-being of your pet. Before starting anesthesia, we will perform a full physical examination. However, many conditions including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. Such tests are especially important before any kind of surgery. For these reasons, we highly recommend blood screening before such procedures.

(Fee: $144.00)

☐Yes, I want my pet to have a pre-anesthesia blood screen.
☐No, I do not want my pet to have a pre-anesthesia blood screen.
☐No, bloodwork has already been performed.

Would you like to receive a microchip identification device while under anesthesia?
(**Fee: $114.00** – there is no charge to register the microchip)

Yes☐ No☐

Powers Ferry Animal Hospital
5565 New Northside Drive Northwest
Atlanta, Georgia, 30339
Ph: (770) 955-1291
Email: pfah5565@gmail.com

Date:09-09-2024

Under most circumstances it is not possible to fully assess the extent of dental disease in an awake animal. A full oral examination and x-rays are only possible after the animal has been anesthetized. As a result, we often find unexpected extractions or other problems only after the procedure has begun. Please choose how you would like us to handle unexpected dental work if you cannot be reached:

☐**I DO authorize** the veterinarian to perform any additional dental procedures and will be responsible for the cost of those procedures.

☐**I DO NOT authorize** any additional dental procedures without being contacted first. **(If we are unable to reach you we will not perform recommended treatments)**

Signed: _____

FOR OFFICE USE ONLY: Has form been scanned/attached to clinical record? Y or N Intials: _____